

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 252

## 1. PLACE OF DEATH:

County Town Anne  
City or town Bentonsville  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For new-born infants, give residence of mother)

State Maryland County Queen AnneCity or town Bentonsville  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Margaret Frances Aldridge

## 3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

George W. Aldridge

7. Birth date of deceased (mo., day, yr.)

Jan 3 - 1868

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years

Months

Days

If less than one day

80628

hrs.

min.

9. Birthplace

Bentonsville, Md  
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

Levi James D. Keating

13. Birthplace

Bentonsville, Md

14. Maiden name

Elizabeth F. Mc Cabe

15. Birthplace

Bentonsville, Md

16. Informant

George W. Aldridge

Address

Bentonsville, Md

17.

(Burial, cremation, or removal, which?)

Date thereof

Aug 3/48

Cemetery or crematory

Chesapeake

Location

Bentonsville, Md

18. Funeral director

Barton Bros

Address

Bentonsville, Md

19.

(Date rec'd by registrar)

8-3-48Elin Armstrong

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

July 31 19 48 at 1:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 30 19 48 to July 31 19 48and that I last saw him/her alive on July 31 19 48

Immediate cause of death

Coronary Artery Disease DURATION 18 hours- other conditionDue to Myocardial Infarction yearsvascular DiseaseDue to True Aortic Aneurysm yearsrupturedOther conditions related to the heart years

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

C. P. Layton MD

M. D. or other

Address Bentonsville, Md Date signed 8-2-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 5 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Rv. FOR CHANGE OF SP  
OF SURNAME SHOWN ON  
FILM No. 5116 7-26-48

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

07539

Reg. Dist. No. 252

## 1. PLACE OF DEATH:

County Queen Anne's  
City or town Centerville  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Bobby Joe Kaufman COFFMAN

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Twin Single

## 6. (b) Name of husband or wife

## 7. Birth date of

deceased (mo., day, yr.)

July 7-48-11-45 PM

## 8. AGE:

Years

Months

Days

If less than one day

hrs.

✓ 10 min.

## 9. Birthplace

Queen Anne's

(Town, county, and state)

## 10. Usual occupation

None

## 11. Industry or business

Earle Kaufman COFFMAN

## 12. Name

## 13. Birthplace

## 14. Maiden name

## 15. Birthplace

## 16. Informant

## Address

## 17. (Burial, cremation, or removal. Which)

Date thereof

(month) (day) (year)

## Cemetery or crematory

## Location

## 18. Funeral director

## Address

## 19. 7-8-

(Date rec'd by registrar)

19 48

Elis Armstrong

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For new-born infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

COFFMAN

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

July 8

19 48

at 12:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him

alive on

Immediate cause of death

This baby lived

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. Henry Fisher

M. D. or other

Address

Centerville Md

Date signed

7/8-48

RECEIVED

JUL 14 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 251

## 1. PLACE OF DEATH:

County Green Anne  
 City or town Sudlersville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? lifetime  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Green Anne  
 City or town Sudlersville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Annie M. Collier

## 3. (b) Social Security Number

4. Sex F. 5. Color or race W. 6. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband or wife Walter Collier - deceased  
 7. Birth date of deceased (mo., day, yr.) March 17 - 1868  
 8. AGE: Years 79 Months 4 Days 8 If less than one day  
 8. (c) If alive, give age years

9. Birthplace Green Anne Co. Ind.  
(Town, county, and state)10. Usual occupation Housewife

## 11. Industry or business

12. Name James Chambers13. Birthplace Ind.14. Maiden name Annie Jane15. Birthplace Ind.16. Informant Randolph CollierAddress Sudlersville Ind.17. Burial Date thereof July 28 - 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory SudlersvilleLocation Sudlersville Ind.18. Funeral director Edgar L. LaneAddress Church Hill Ind.19. July 27 19 48 Edgar L. Lane  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 19 48 at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended the deceased from

until the day of deathand that I last saw him alive on July 25 19 48Immediate cause of death Myocardial infarction DURATION1 hr.Due to high blood pressureDue to July 25Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Edgar L. Lane M.D. or otherAddress Church Hill Date signed July 26



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 251

### 1. PLACE OF DEATH:

County Church Hill G.A. Co  
 City or town Life  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Queen Anne  
 City or town Church Hill  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Emma Dorsey or Emily Dorsey

### 3. (b) Social Security Number

4. Sex 7 5. Color or race Col 6.(a) Single, married, widowed, or divorced Widow  
 6.(b) Name of husband or wife John T. Anthony  
 7. Birth date of deceased (mo., day, yr.) Do not know 1871  
 6.(c) If alive, give age \_\_\_\_\_ years  
 8. AGE: Years about 77 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Ind (Town, county, and state)

10. Usual occupation Home Work

11. Industry or business \_\_\_\_\_

12. Name Andy Thomas

13. Birthplace Ind

14. Maiden name Angie Sneed

15. Birthplace Ind

16. Informant Sadie A. Saunders

Address New York City

17. Burial Date thereof July 6-48  
 (Burial, cremation, or removal) Which? (month) (day) (year)

Cemetery or crematory Church Hill (Col)

Location Church Hill Ind

18. Funeral director Edgar L. Lane

Address Church Hill Ind

19. 7-2 19 48 Edgar L. Lane  
 (Data rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 19 48 at 7 P M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Sept 24, 1948 to July 1, 1948 and that I last saw him alive on July 1, 1948

Immediate cause of death Myocardial Infarction DURATION 2400x

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations None

Autopsy results None Date of op. \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Horworn S. Duesby

Address Church Hill Date signed July 1, 1948

MARGIN RESERVED FOR BINDING

3 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1871  
77  
1948

RECEIVED

JUL 21 1948

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 251

## 1. PLACE OF DEATH:

County Queen Anne'sCity or town near Church Hill  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Q. A.City or town near Church Hill  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Harriett Elva Goldsborough

## 3. (b) Social Security Number

4. Sex 7 5. Color or race col 6. (a) Single, married, widowed, or divorced Widow6. (b) Name of husband or wife Charles Goldsborough7. Birth date of deceased (mo., day, yr.) Sept 14 - 1880 6. (c) If alive, give age \_\_\_\_\_ years8. AGE: Years 67 Months 9 Days 29 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Q. A. Co. Md.  
(Town, county, and state)10. Usual occupation Home Wife

11. Industry or business \_\_\_\_\_

12. Name John Anthony13. Birthplace Q. A. Co. Md.14. Maiden name Elva Anthony15. Birthplace Q. A. Co. Md.18. Informant Clarence GoldsboroughAddress Church Hill Md17. Burial Date thereof July 18 - 48  
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory SalemLocation near Church Hill Md18. Funeral director Edgar L. LaneAddress Church Hill19. 7-16 48 Edgar L. Lane

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1948 at 4:00 a. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

9-1-47 1947 to 7-13 1948and that I last saw him alive on 7-13 1948Immediate cause of death Intra-cranial hemorrhage DURATION 6 daysDue to arterial hypertension unknown

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE R. L. W. Lane M. D. or other \_\_\_\_\_Address Chestertown Md Date signed 7-16-48

RECEIVED

JUL 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 251

## 1. PLACE OF DEATH:

County 92  
 City or town 92 in Annapolis  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 21 1/2 hrs  
 Hospital, institution, or street address where death occurred: -  
 How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State MD. County 92  
 City or town near Annapolis  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. -  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war -

## 3. (a) FULL NAME

Sarah Augusta Hines

## 3. (b) Social Security Number

4. Sex F 5. Color or race 13 6. (a) Single, married, widowed, or divorced M  
 6. (b) Name of husband or wife Charley Hines  
 9. (c) If alive, give age 75 years  
 7. Birth date of deceased (mo., day, yr.) Jan 30, 1888  
 8. AGE: Years 60 Months 5 Days 20 If less than one day - hrs. - min.

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 19 45 at 2:10 M  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 19 19 44 to July 10 19 45  
 and that I last saw him alive on July 19 19 45

Immediate cause of death Cardiac Decompensation DURATION  
 Due to Fatty Degeneration of Heart  
 Due to Chronic Myocarditis  
 Other conditions Obesity  
 (Include pregnancy within 3 months of death)  
 Major findings of operations -

Autopsy results -  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide - Date of -  
 Where did injury occur? - (City or town) - (County) - (State)  
 Injured at home, farm, industry, public place (where?) -  
 Means of injury - Injured at work? -

23. SIGNATURE C. M. Whitehead M. D. or other  
 Address Southview Md Date signed 7/13/45

9. Birthplace Md. (Town, county, and state)  
 10. Usual occupation H. W.  
 11. Industry or business -  
 12. Name W. E. Elliot  
 13. Birthplace Md.  
 14. Maiden name Elizabeth Abbott  
 15. Birthplace Md.  
 16. Informant Charley Hines  
 Address Chesapeake Town Md  
 17. Burial Date thereof July 13-45  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Pondtown  
 Location Pondtown Md  
 18. Funeral director Edgar L. Lane  
 Address Church Hill Md  
 19. 7-13 19 45 Edgar L. Lane  
 (Date rec'd by registrar) Registrar

RECEIVED

JUL 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

07544  
128  
254

## 1. PLACE OF DEATH:

County... Queen Anne  
 City or town... Rural Groesville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?... 6 yrs  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Queen Anne  
 City or town... Rural Groesville, Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. ....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Mary Betty Johnson  
 4. Sex F 5. Color or race C 6.(a) Single, married, widowed, or divorced Single

## 3. (b) Social Security Number

## 6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) August 10, 1910  
 6.(c) If alive, give age..... years

8. AGE: Years 37 Months 11 Days 4 If less than one day  
 .... hrs. .... min.

9. Birthplace... Farmham, Virginia  
 (Town, county, and state)

10. Usual occupation... Laborer

11. Industry or business Oyster

12. Name... Louis Johnson

13. Birthplace... Virginia

14. Maiden name... Mary Alice Bell

15. Birthplace... Virginia

16. Informant... Jerry Stewart

Address... Groesville, Md.

17. Burial Date thereof... July 18, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Bryans Chapel

Location... Groesville, Md

18. Funeral director... John D. Halliwell

Address... Proton, Md.

19. July 17, 48 19 48 Helen M. Adridge  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH... July 14 19 48 at 10:15A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
May 10 19 48 to July 13 19 48

and that I last saw him alive on July 13 19 48

Immediate cause of death... Pancreatitis, chronic

DURATION 3 mos.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

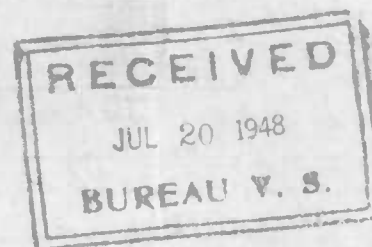
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... William C. Lowe, MD.

M. D. or other

Address... Queenstown, Md Date signed 7-14-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

07545

Reg. Dist. No. 254

## 1. PLACE OF DEATH:

County Queen Anne  
 City or town Grasonville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Md County Queen Anne  
 City or town Grasonville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

William H. Little

## 3. (b) Social Security Number

4. Sex Male 5. Color or race Black 6. (a) Single, married, widowed, or divorced Married

8. (b) Name of husband or wife Helen Little

7. Birth date of deceased (mo., day, yr.) Jan. 11 - 1895

8. AGE: Years 53 Months 5 Days 29 6. (c) If alive, give age \_\_\_\_\_ years

9. Birthplace Grasonville, Md  
 (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Oysters + Crabs

12. Name Thomas Little

13. Birthplace Grasonville, Md

14. Maiden name Linda Butler

15. Birthplace Grasonville, Md

16. Informant Helen Little

Address Grasonville, Md

17. Burial Date thereof July 13 - 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Robinson A. McE Church

Location Grasonville, Md

18. Funeral director John D. Williams

Address Easton, Maryland

19. July 11 19 48 Helen M. Aldridge  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1948, at \_\_\_\_\_ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

and that I last saw him alive on July 10 1948

Immediate cause of death Result of being struck by an automobile - hit & ran driver -

Due to Paralyzed neck both legs

Due to Compound fractures

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 7/10-48

Where did injury occur? Grasonville - 2 a md  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) State highway

Means of injury Struck by auto Injured at work?

23. SIGNATURE W. D. Fisher M. D. or other \_\_\_\_\_

Address Centerville Md Date signed 7-10-48



RECEIVED

JUL 14 1948

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 164 C 07546 253

1. PLACE OF DEATH: Queen Anne  
County near Stevensville  
City or town Stevensville  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State MD County Queen Anne  
City or town Stevensville P 78  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2.(a) If veteran, name war \_\_\_\_\_

3.(a) FULL NAME John Baughman Milner (Milner)

3.(b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
B.(b) Name of husband or wife Elaine R. Milner  
S.(c) If alive, give age 44 years  
7. Birth date of deceased (mo., day, yr.) June 21 - 1901

8. AGE: Years 47 Months 1 Days 26 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace near Stevensville MD  
(Town, county, and state)  
10. Usual occupation Farmer

11. Industry or business

12. Name Romanzo Rice Milner

13. Birthplace MD

14. Maiden name Blanche Cowman

15. Birthplace Balto MD

16. Informant Mrs Elaine R. Milner (wife)  
Address Stevensville MD

17. Burial Date thereof July 29 - 48  
(Burial, cremation, or removal, place) (month) (day) (year)  
Cemetery or crematory Stevensville

Location Stevensville MD  
18. Funeral director Chas. H. Lane  
Address Chas. H. Lane

19. July 29 19 48 Elizabeth H. Harte  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 19 48 at 5 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_  
and that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_

Immediate cause of death Shot himself with rifle  
in mouth.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Antopsy results \_\_\_\_\_  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Suicide Date of 7/27-48  
Accident, suicide, or homicide \_\_\_\_\_  
Where did injury occur near Stevensville MD  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home  
Means of injury Rifle shot in mouth Injured at work?

23. SIGNATURE W. Henry Fisher  
Deputy Medical Examiner M. D. or other  
Address Centerville MD Date signed 7/27-48

MARGIN RESERVED FOR BINDING

VS A15 T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**RECEIVED**

AUG 4 1948

**BUREAU V. S.**

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 251

## 1. PLACE OF DEATH:

County Queen Anne'sCity or town Rural Millington  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State MD County Queen Anne'sCity or town Rural Millington  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Georgia A. Schutte

## 3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

H.E. Schutte

7. Birth date of

deceased (mo., day, yr.)

July 4 1889

8. AGE:

Years 59Months 0Days 25

If less than one day

hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace

West Virginia  
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Charles W.A. Shelly

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal, which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. July 3019 48

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 19 48 at 1:20 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 2 19 47, to July 29 19 48and that I last saw him alive on July 28 19 48

Immediate cause of death

Cancer of Artery

DURATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE

H.H. HamiltonAddress Millington MD Date signed 7/29/48

RECEIVED

AUG 24 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 252

## 1. PLACE OF DEATH:

County Queen Anne's  
 City or town Princetown  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all his life  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne's  
 City or town Princetown  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Harry Henry Schuyler

## 3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife

Linda Marie Schuyler

7. Birth date of deceased (mo., day, yr.)

April - 1 - 1879

8. AGE: Years Months Days It less than one day

69 3 29 hrs. min.

9. Birthplace (Town, county, and state)

Queen Anne's Co. Maryland

10. Usual occupation

Farmer

11. Industry or business

Don't know

12. Name

Don't know

13. Birthplace

Don't know

14. Maiden name

Don't know

15. Birthplace

Don't know

16. Informant

Mrs. Harry H. Schuyler

Address

Princetown Maryland

17. (Burial, cremation, or removal, which?) Date thereof (month) (day) (year)

Burial Aug 1 - 1948

Cemetery or crematory

Centerville

Location

Centerville Maryland

18. Funeral director

Boston Bros

Address

Centerville Maryland

19. (Date rec'd by registrar)

July 31 - 1948

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 19 48 at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 19 19 48 to July 30 19 48and that I last saw him alive on July 26 19 48

Immediate cause of death

Arteriosclerosis of heart

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

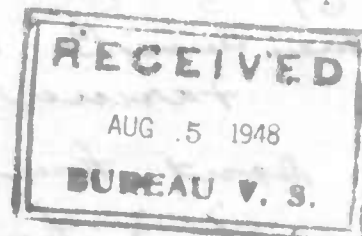
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. H. Schuyler M. D.Address Centerville Maryland Date signed 7/30/48





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 251

## 1. PLACE OF DEATH:

County 92  
 City or town W. Beltsville Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? all life  
 Hospital, institution, or atrnal address where death occurred:  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Ind. County Green Anne  
 City or town near Lutherville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If vafaran, nama war \_\_\_\_\_

## 3. (a) FULL NAME

Flornce Short

## 3. (b) Social Security Number

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced M  
 6.(b) Name of husband or wife Perge Short  
 6.(c) If alive, give age 45 years  
 7. Birth date of deceased (mo., day, yr.) June 2 1902  
 8. AGE: Years 46 Months 1 Days 8 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 19 48, at 11 A M  
 21. I CERTIFY that death occurred on the data above stated; that I attended deceased from June 19 40, to July 10 19 48  
 and that I last saw him July 10 19 48  
 Immediate cause of death Cerebral Dilation  
 DURATION \_\_\_\_\_  
 Due to Cerebral Tumor  
 Due to Cerebral Hemorrhage  
 Other conditions Cerebral Atherosclerosis  
 (Include pregnancy within 3 months of death)  
 Major findings of operations \_\_\_\_\_  
 Date of op. \_\_\_\_\_  
 Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

9. Birthplace 92 Co  
 (Town, county, and state)  
 10. Usual occupation House Wife  
 11. Industry or business \_\_\_\_\_  
 12. Name W. Jackson  
 13. Birthplace unknown  
 14. Maiden name Elyzabeth F. Jackson  
 15. Birthplace unknown  
 16. Informant Perge Short  
 Address Lutherville Md  
 17. Burial Date thereof July 13 48  
 (Burial, cremation, or removal, which?) (month) (day) (year)  
 Cemetery or crematory Church Hill  
 Location Church Hill Ind  
 18. Funeral director Edgar D. Kane  
 Address Church Hill Ind  
 19. 7-13 19 48 Edgar D. Kane  
 (Date rec'd by registrar) Registrar

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work?  
 23. SIGNATURE C. M. Steele M. D. or other  
Lutherville Md Date signed 7/13/48  
 Address \_\_\_\_\_

RECEIVED  
JUL 21 1948  
BUREAU V. S.